



**TB CARE I**

## **TB CARE I - Zimbabwe**

**Year 4**

**Quarterly Report**

**October – December 2013**

**January 30, 2014**

## **Table of Contents**

<b>1. QUARTERLY OVERVIEW</b>	<b>3</b>
<b>2. YEAR 4 TECHNICAL OUTCOMES AND ACTIVITY PROGRESS</b>	<b>5</b>
<b>2.1 Universal Access</b>	<b>5</b>
<b>2.2 Laboratories</b>	<b>7</b>
<b>2.3 Infection Control</b>	<b>10</b>
<b>2.4 PMDT</b>	<b>11</b>
<b>2.5 TB/HIV</b>	<b>12</b>
<b>2.7 Monitoring &amp; Evaluation (M&amp;E), Operations Research (OR) and Surveillance</b>	<b>22</b>
<b>3. TB CARE I'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 4</b>	<b>26</b>
<b>4. MDR-TB CASES DIAGNOSED AND STARTED ON TREATMENT IN COUNTRY</b>	<b>27</b>
<b>5. TB CARE I-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)</b>	<b>28</b>
<b>6. FINANCIAL OVERVIEW</b>	<b>30</b>

## 1. Quarterly Overview

Country	Zimbabwe
Lead Partner	The Union
Coalition Partners	KNCV, WHO
Other partners	
Workplan timeframe	Oct 2013-Sep 2014
Reporting period	Oct – Dec 2013

### Most significant achievements

The following are the most significant achievements and results realised during the quarter under review:

#### Universal and Early Access

Development of community TB guidelines -- Community participation in TB is essential; however, over the past years, there has been lack of policy guidelines from the National Tuberculosis Programme (NTP). External technical assistance (TA) was provided by Netty Kamp - a KNCV consultant in October, 2013 to conduct a situation analysis and guide the development of Community TB Care Guidelines. The guidelines were reviewed by the NTP and the consultant will be coming back in January 2014 to guide the consolidation of the document. The pilot training of users is scheduled for February 2013. The rationale for the development of community TB care guidelines is to facilitate increase in knowledge about TB, the link between TB and HIV, TB treatment and TB transmission. The guidelines will address issues of awareness in communities, instill confidence in patients that they can complete TB treatment and be cured as well as strategies to educate caregivers and families about how to support TB patients and reduce stigma attached to TB and HIV.

#### Laboratories

A total of 17 point-of-care CD4 testing machines were installed at the 17 integrated TB-HIV care (ITHC) sites in December 2013; the remaining 6 will be installed in the first week of January, 2014. All targeted sites were covered as planned. A total of 46 nurses, 2 from each site (24 females and 22 males) were trained on the use of the machines in December, 2013. By the end of the reporting period, 994 CD4 count tests were done at the ITHC sites. This is expected to facilitate early initiation of patients living with HIV on ART. Early initiation of patients on ART and constant monitoring of CD4 counts will improve patient outcomes.

Seven GeneXpert machines planned for APA3 were installed in November 2013. Eight out of 14 PEPFAR core project machines were installed in December, 2013. The remaining 6 will be installed during the first week of January, 2014. Concurrent trainings on GeneXpert algorithm were done during the installations. A total of 227 health care workers were trained from 15 sites. Of the 227 trained health care workers 7 (3%) were doctors, 151 (67%) nurses, 16 (6%) student nurses and 54 (24%) were other healthcare workers. Additional 62 laboratory personnel from 21 laboratories were trained during the installations by the local service provider on the use, maintenance and trouble shooting. A total of 1087 XpertMTB/Rif tests were conducted in the period under review. From these test, 236 (22%) patients were positive for pulmonary TB detected, of which 46 (19%) had rifampicin resistance. The patients diagnosed were managed according to the national guidelines.

Outstanding renovation work of the laboratory at Thorngrove Hospital in Bulawayo was completed in the quarter under review. The completion of the renovations of this laboratory has created more working space for laboratory personnel; this will also improve infection control measures, and capacity to process more laboratory specimens and to conduct other tests associated with HIV-positive patients such as immunology.

#### Infection Control (IC)

A total of 5 patient waiting sheds started in APA 3 were completed. This resulted in reduction of overcrowding and improved ventilation.

#### Programmatic Management of Drug Resistant Tuberculosis (PMDT)

A total of 1,400 PMDT training modules for health workers were printed to support the trainings funded by Global Fund. The APA 4 trainings to supplement Global Fund are planned for the second quarter.

## **Tuberculosis – HIV collaboration activities (TB-HIV)**

By the end of the quarter, all the 23 supported ITHC clinics were screening patients for tuberculosis, 23 clinics are initiating patients on TB treatment, 21 clinics were initiating patients on ART, and all clinics are practicing health facility DOT.

Mentorship of nurses at ART initiating sites was carried out, with 2 nurses from Dulibadzimu clinic in Beitbridge mentored at Magwegwe clinic in Bulawayo using a standardised mentorship protocol developed in the Integrated HIV Care for TB Patients Living with HIV/AIDS programme (IHC2). Post-training follow-up and support will be conducted by the province and district teams to enable the clinic to be an ART-initiating site.

At the 23 ITHC sites, 38,869 HIV-positive patients were screened for TB. There are 10 sites participating in the national Isoniazid Preventive Therapy (IPT) pilot, of which three are ITHC sites. From these three ITHC sites a total of 1,130 New HIV-positive patients were treated for latent TB.

The national targets for TB/HIV are to test all registered TB patients for HIV (100%), to commence all HIV positive TB patients on CPT (100%) and CPT (100%). At the 23 ITHC sites, 779 out of 908 TB patients (86%) had recorded HIV test results. Of the 779 TB patients, 568 had HIV positive results. Of these 568 TB patients with HIV positive results, 490 (86%), were commenced on Cotrimoxazole Preventive Therapy (CPT) and 381(67%) were commenced on Antiretroviral Therapy (ART). Training, Mentorship of nurses at established at centres of excellence, support and supervision have been intensify in an effort to increase the above coverages to reach the desired targets.

## **Health Systems Strengthening (HSS)**

A situation analysis was conducted to inform the development of a core plan for updating and revision of the NTP National Strategic Plan (2014 -2016). A draft core plan was developed by the end of the quarter 1 of Annual plan of Activities Year 4 (APA4). The revised and updated National Strategic Plan will be used for developing the TB Grant Concept Note for the Global Fund new funding mechanism in May 2014.

## **Monitoring and Evaluation (M&E)**

A situational analysis was conducted followed by the development of a costed operational plan for the national electronic TB register (ETR). A requirements document for the ETR was also developed. Processes were initiated for procuring IT and other materials for the ETR. The piloting in 14 districts and one city will be done in quarter 2 of APA4.

A draft NTP integrated partner implementation plan for 2014 has been developed and was undergoing final review. In 2013, the NTP compiled a partner implementation plan for the first time with partner activities receiving funding from various sources. The integrated plan proved very useful as it synchronized the work of various partners thereby reducing duplication of activities and reduced overlap of activities during implementation. It is against this background that the draft integrated partner implementation plan for 2014 has been developed. The final partner implementation plan will be printed in January 2014.

## **Technical and administrative challenges:**

The TB CARE and NTP quarterly reporting timelines are different, and the NTP data are available after the TB CARE I reporting deadlines. This resulted in some of the indicators lacking data in this report. The Union is currently engaging NTP to find a common solution.

There were intermittent supplies of HIV test kits at national level during this reporting period, however, the National AIDS programme managed to rectify the problem.

There was a weak supply chain management system for the GeneXpert cartridges which led to shortages of cartridges at some sites. A TA mission has been planned to strengthen GeneXpert implementation including the supply chain management system.

There were stock outs of revised HIV recording and reporting tools at the sites due to late printing and distribution by National AIDS Programme (NAP). TB CARE I facilitated distribution of these tools to the ITHC sites.

## 2. Year 4 technical outcomes and activity progress

### 2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date <sup>1</sup>	Comments
1.1.1	Number of facilities where quality of services is measured	8	23	0	The quality study had not yet started in the new facilities planned for in Quarter 3
1.1.3	TB personnel trained on the Patients' Charter	0	570 (based on TB and TB/HIV trainings)	0	The Ministry has proposed a change in the approach to include other conditions. The charter will no longer focus on TB only
1.2.1	Private providers collaborating with the NTP	3	27	3	The activity aimed at engaging private providers was planned for in APA3; the activity was not implemented dropped in APA 4. The indicator erroneously remained in this plan.
1.2.2	TB cases diagnosed by private providers	U	Baseline	U	The private providers were yet reporting independently.
1.2.3	Status of PPM implementation	3	3	3	The PPM strategy is in a draft stage. However, PPM activities are taking place based on the draft strategy
1.2.4	Children younger than 5 (contacts of ss+ adults) that were put on IPT	186 (based on data from the ITHC sites for the 1 <sup>st</sup> half year x 2)	220 (increased year 3 result by 20%, considering the mentorship and training that will take place focusing on childhood TB)	42	
1.2.5	Childhood TB approach implemented	3	3	3	Childhood TB is an integral part of the NTP strategic plan and regular activities.
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4 years old	1,360 (in addition to the 1,559 of the previous year)	1,600 (increased year 3 result by 20%, considering the	Not yet available – measured one	The data for the 1 <sup>st</sup> quarter were not yet available at the time of reporting. However, the data for

<sup>1</sup> If results are not available, write “Measured annually” or “Not yet measured” and say when the data are estimated to be available. Not all indicators can be measured quarterly.

		(there was a general decline in notifications in the country)	mentorship and training that will take place focusing on childhood TB)	month after end of quarter	last quarter of APA 3 show that only 622 (7%) of the total TB patients were aged 0-14 years.		
1.2.9	Population covered with CB-DOTS		Same comment as column 3 opposite, however provision was included and implemented in the APA3 plan and budget for development of national CB-DOTS guidelines	It is expected by end of APA4, there will be a standardized service with an M&E component for evaluation	0	The development of CB-TB CARE guidelines was still ongoing by the end of the quarter. The guidelines are expected to set the pace for CB-DOTS with all its key components	
1.2.10	Health facilities offering CB-DOTS services		All primary health care facilities but not meeting the definition	All primary health care are implementing community-based activities, but only partially satisfying the CB-DOTS definition	0	Although all health facilities are offering community based activities, these did not constitute a full package of CB-DOTS	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter’s end	Planned Month		Status <sup>2</sup>	
				Start	End		
1.1.1	WHO	Conduct assessment of quality of TB control services from the patient's perspective	The initial in country study(Quote TB light), was carried out in year 3. The research team that carried out the initial study is making preparations to conduct a similar study in the remaining 23 sites targeted for in APA4. This study is planned for the month of April.		Oct 13	Jun 14	Ongoing
1.1.2	The Union	Improve health worker knowledge on the patients charter	The country is in the process of adapting the WHO Patients’ Charter. Local views and concerns of various groups will be incorporated into the country Patients’ Charter. The Patients’ Charter will address TB, HIV and other diseases.		Oct 13	Sep 14	Ongoing
1.2.1	The Union	Provide mentorship to health workers in diagnosing childhood TB	Pediatricians are to be engaged during the third quarter in mentoring health workers at provincial level in detecting and managing childhood TB cases. This is meant to increase the proportion of childhood TB cases (0-14) years, among all notified TB cases.		Oct 13	Mar 14	Postponed
1.2.2	KNCV	Development of community TB care training materials for HCW and CHW	These will be developed after the completion of the Community TB Care guidelines in March 2014		Oct 13	Oct 13	Pending

<sup>2</sup> Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the work plan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

1.2.3	The Union	Pilot testing of the developed training materials under 1.2.2	The training will be conducted after the completion of the Community TB Care guidelines in March 2014	Feb 14	Feb 14	Pending
-------	-----------	---	---	--------	--------	---------

## 2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
2.2.1	Confirmed link with a Supranational Reference Laboratory (SRL) through a memorandum of agreement	Yes	Yes	Yes	The SRL is Denmark
2.2.2	Technical assistance visits from an SRL conducted	Yes	Yes (ideally two visits per year)	Yes	One visit conducted in November 2013
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB	30	51 (30 + 7+ 14)	55	The 4 machines in private institutions were not part of the target
2.3.2	Rapid tests conducted	9,506	102,000 Based on 2,000 tests per year per instrument	1,087	The results were obtained from sites using the 3 TB CARE machines that were functional at the beginning of the first quarter and the additional 7 TB care machines which functional from November 2013. Eleven PEPFAR machines were installed in the last 3 weeks of December, 2013 and no reported results at the time of reporting. Three more PEPFAR machines will be installed in the second quarter of APA4. No tests were done with the MOH

						machines due to cartridge stock outs. Data from other partner machines were not ready at the time of reporting.
2.3.3	Patients diagnosed with Gene Expert		1,666 Data available for 7 months	16,320	236	Same as above
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
2.3.1	The Union	Maintain 23 Point-of-Care POC CD4 count machines and provide consumables	Twenty three (23) POC CD4 testing machines were installed at the 23 integrated TB/HIV care sites and 46 nurses were trained on their use. A total of 994Tests done at the ITHC sites. The introduction and use of the PIMA POC CD4 count machines in 23 facilities with support from TB CARE I has contributed to the improvement of service delivery at site level through provision of a timely CD4 cell count to HIV-positive individuals. The machines can be easily used and maintained at the sites. The battery makes it a more appropriate technology for areas with inconsistent power supply and remote areas.	Oct 13	Sep 14	Ongoing
2.3.2	The Union	Maintain 10 Gene Xpert machines	Machines are calibrated by a local service provider (Cepheid) after every year or after 2000 tests, whichever comes first. By the end of the quarter, recalibration was due for the first 3 machines and is planned for the second quarter of APA4. The other 7 machines will be recalibrated in the last quarter of APA4. The machine at Mutare Provincial Hospital has been repaired and a module replaced in December 2013.	Oct 13	Sep 14	Ongoing



2.3.3	The Union	CARRYOVER FROM APA3: Completion of Bulawayo laboratory renovations	Outstanding renovation work was completed in the quarter under review. The completion of the renovations of this laboratory has created more working space for laboratory personnel; this will also improve infection control measures, and capacity to process more laboratory specimens and to conduct other tests associated with HIV-positive patients such as immunology.	Oct 13	Dec 13	Ongoing
-------	-----------	---	---	--------	--------	---------



Health care workers being trained on Xpert MTB/RIF technology at Chipinge District Hospital

## 2.3 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
3.2.1	"FAST" strategy has been adapted and adopted		1	1	2		The baseline was underestimated. The way forward is that the FAST strategy is being implemented at the 23 ITHC sites and the nation will roll out after successful pilot of Zimbabwe Infection Prevention and Control Project (ZIPCOP).
3.2.2	Facilities implementing TB-IC measures with TB CARE support		65 (including the 23 ITHC sites)	65	65		
3.3.1	Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system		Yes	Yes	Yes		This is specifically for the 23 ITHC sites
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
3.2.1	The Union	Develop Information, Education and Communication(IEC) material on TB infection control to target health workers and patients	The development of IEC materials is ongoing. The IEC materials will be used as reference materials will result in improved infection control practices inthe health centres and communities.	Oct 13	Sep 14	Postponed	



The newly completed patient waiting shed, with a patient walk way to the consultation rooms at Mutapa Clinic in Gweru

## 2.4 PMDT

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
<b>C6</b>	Number of patients diagnosed with MDR	118	200	Data not yet available	Data for the period under review not yet available at National level
<b>C7</b>	Number of MDR patients started on treatment	64	160	as above	same as above
<b>4.1.1</b>	TB patients, suspected of MDR, dying between request for lab examination and start of MDR treatment	U  This indicator was not measured in year 3	0	Data not yet available	A study will be conducted to measure this aspect during the third quarter

4.1.2	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment		105 out 149 70% (Basing on cases notified in 2012)	150 out of 200 75%	No data available	No recent data. The reporting has been synchronized with the routine NTP reporting and data are not yet available at National level.
4.1.3	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture		120 out 149 80% (Basing on cases notified in 2012)	170 out of 200 85%	Same as above	Same as above
4.1.4	A functioning National PMDT coordinating body		Yes	Yes	Yes	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter’s end	Planned Month		Status
				Start	End	
4.1.1	WHO	Train HCWs on PMDT and Gene Xpert implementation	1,400 PMDT training materials for health workers were printed to support the trainings supported by Global Fund. The APA 4 trainings to supplement Global Fund are planned for the second quarter of APA4.	Oct 13	Sep 14	Ongoing
4.1.2	The Union	Conduct National PMDT coordinating committee meetings	First meeting planned for the second quarter of APA4	Oct 13	Sep 14	Postponed
4.1.3	WHO	Update and print PMDT guidelines	Preparation to engage TA for updating PMDT guidelines are in progress.	Jan 14	Feb 14	Pending

## 2.5 TB/HIV

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
<b>5.1.1</b>	New HIV patients treated for latent TB infection during reporting period	baseline (from pilot at ITHC sites)	5,000	1,130	These data are for supported ITHC sites only
<b>5.2.1</b>	HIV-positive patients who were screened for TB in HIV care or treatment settings	21,968 based on Semi Annual Programme Results Report (SAPR) – 100%	25,000 -100%	38,869	This data are for supported ITHC sites only,

<b>5.2.2</b>	TB patients (new and re-treatment) with an HIV test result recorded in the TB register		38,248 (83%) Arrived at by multiplying figures reported for October to March x 2	42,073(85%) Added 10% to the APA 3 estimates	NTP Data not yet available at the time of reporting. However the data for the 23 PEPFAR supported ITHC sites showed that 779 TB patients had HIV test results out of 907 registered TB patients translating to 86%	
<b>5.2.3</b>	TB patients (new and re-treatment) recorded as HIV-positive		28,256 (70%) arrived at by multiplying figures reported for October to March by 2	30,713 Basis: 73% will be HIV-positive using latest positivity rate	NTP Data not yet available at the time of reporting. At the 23 ITHC sites, 568(73%) TB patients had HIV-positive results out of 779 patients with test results.	
<b>5.2.5</b>	HIV-positive TB patients started or continued on antiretroviral therapy (ART)		17,424 (72%) Arrived at by multiplying figures reported for October to March by 2	23,035 Basis: 75% will be on ART	NTP Data not yet available at the time of reporting. At the 23 ITHC sites 381(67%) of the HIV-positive patients were commenced on ART	
<b>5.2.6</b>	HIV-positive TB patients started or continued on CPT		25,498 Arrived at by multiplying figures reported for October to March by 2	35,000 Basis: 90% will be on CPT	NTP Data not yet available at the time of reporting. 490 (86%) HIV-positive patients were commenced on CPT at ITHC sites	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
5.2.1	The Union	CARRYOVER FROM APA3: Complete renovation integrated TB-HIV care sites	Renovations to improve ventilation and enable good patient flow are ongoing. <ul style="list-style-type: none"><li>Four microscopy laboratories are now complete and ready for use. This will enable prompt diagnosis of patients with tuberculosis</li></ul>	Oct 13	Mar 14	Ongoing

			<ul style="list-style-type: none"> <li>• Five waiting sheds were erected during the quarter. As a result overcrowding has been reduced and ventilation improved at Chinotimba, Mzilikazi, Luveve, Tshabalala and Mtapu clinics. Walkways were erected to protect the patients from harsh weather conditions.</li> <li>• Five more sites were assessed for renovations and plans were drawn by the infection control architect.</li> <li>• Increasing the number of consultation and counseling rooms in the clinics has benefitted the communities through reduced waiting times, reduced queues and prevention of overcrowding.</li> </ul>			
5.2.2	The Union	Provide technical support to all sites implementing integrated TB/HIV care	<p>Three ITHC sites were prioritized for support visits. These had implementation challenges which included non utilization of new OI/ART recording and reporting tools. The team conducted on the job training on recording and reporting and also discussed programme implementation bottlenecks. Possible solutions on patient flow, service quality, TB case finding, HIV screening ART/CPT initiation were discussed with staff.</p> <p>Implementation of infection control plans was emphasized during support visits to ensure safer environments in the health centres and communities.</p> <p>At the end of the quarter:- All the 23 ITHC clinics are screening patients for tuberculosis - 23 clinics are initiating patients on TB treatment - 21 clinics are initiating patients on ART - 23 clinics are practicing health facility DOT.</p>	Oct 13	Sept 14	Ongoing
5.3.1	The Union	Data analysis and local program reviews at 26 ITHC	Monthly meetings are being conducted to compile analyse and utilize data for planning and decision making at local level. Infection control issues are also discussed at the meetings. The internet support to the 23 ITHC has improved communication data flow. The remaining 3 sites will be supported with internet during the second quarter of APA 4.	Oct 13	Sept 14	Ongoing
5.3.2	The Union	Mentorship of nurses from new ITHC sites to existing ART initiating sites	In preparation for ART initiation, two nurses from Dulibadzimu clinic, which is not yet initiating TB patients on ART, were mentored at Magwegwe clinic in December 2014. Evaluation from the mentees revealed that mentorship has prepared nurses to	Oct 13	Sep 14	Ongoing



			counsel patients, commence HIV-positive patients on ART, follow them up effectively and document correctly. The trained clinic staff will provide ART initiating services to more HIV-positive patients within their catchment area and reduce the workload at the district hospital.			
5.3.3	The Union	Basic integrated HIV management training (OI & ART, PMTCT, HTC and STI)	The training is planned for February and March 2014 to further equip staff with management of TB and HIV patients in order to reduce the burden of TB and HIV in the community.	Oct 13	Sep 14	Pending



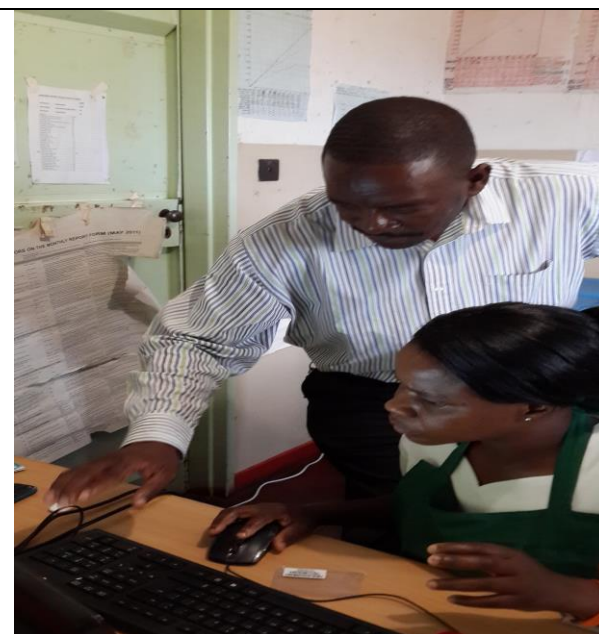
***S. Hove (The Integrated TB/HIV Coordinator hands over a POC CD4 count machine to Sister in charge of Vengere clinic***



***A local nurse at Mutapa Clinic discussing the HIV patient booklet with Dr. Powell from USAID Washington during a support visit***



The Sister in Charge of Mutapa Clinic shows solar batteries installed to mitigate the effects of constant power outages.



An NTP officer conducting on the job training of a nurse of basic computer use and data management



## 2.6 HSS

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
6.1.2	Country Coordinating Mechanism (CCM) and/or other coordinating mechanisms include TB civil society members and TB patient groups		Yes	Yes	Yes		
6.2.1	TB CARE-supported supervisory visits conducted		126	126	33		<ul style="list-style-type: none"><li>– 4 provinces out of 5 were in the field conducting support &amp; supervision</li><li>– 29 districts out of 37 were in the field conducting support &amp; supervision by the end of the quarter.</li></ul>
6.2.2	People trained using TB CARE funds		500	720	273		227 Gene Xpert and 46 Point of care CD4 machine training
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
6.2.1	The Union	Province to district support supervision	At the time of reporting 4 provinces were conducting support supervision, namely Masvingo, Matabeleland North, Matabeleland South and Manicaland. Support supervision visits have been an integral part of the TBCARE I support over the years from year I. The following are the impacts being highlighted by the districts and provinces:  1. Improved patient management – the visits are used as post-training follow up 2. Improved data quality and data use –		Oct 13	Sep 14	Ongoing

			<p>Routine data quality checks are conducted as part of the visits, followed by data analysis. Health workers are also trained on the job on how to analyze and utilize data for decision making</p> <ol style="list-style-type: none"> <li>3. Implementation of recommendations – routine support visits enable health workers to follow up on the recommendations generated from the previous visits</li> <li>4. Improved management of TB and TB/HIV commodities and logistics supplies for the programme (As support &amp; supervision teams go out, they check for minimum stocks and carry with them buffer supplies to refill diminishing stocks.)</li> <li>5. The coverage in support and supervision by provincial managers has increase support by TB CARE I</li> </ol>			
6.2.2	The Union	District to health facility support supervision	The district to health facility support visits were ongoing in 29 districts in 4 provinces. The impact realized are more or less the same as those mentioned above. The consistent support by TB CARE I in support supervision has resulted in TB being strongly regarded in the health agenda. Reports for support supervision are form part of the agenda at district performance review meetings.	Oct 13	Sep 14	Ongoing
6.2.3	The Union	Facilitate access to technical information	The following Provincial Medical Directors' offices were supported with communication services (internet): Masvingo, Midlands, Mashonaland West, Matabeleland North, Matabeleland South, Mashonaland Central, Mashonaland East and NTP(national level). The internet services have improved communication and facilitated the use of internet for TB and HIV research.	Oct 13	Sep 14	Ongoing
6.2.4	The Union	District training on TB, TB/HIV, MDR-TB,TB-IC Recording and Reporting	Trainings have been planned for second quarter. Districts are still to submit their proposals.	Oct 13	Sep 14	Postponed

6.2.5	The Union	Maintain Sputum transport system	<p>The 15 motorcycles transporting sputum specimens were all running - 7 in the 3 main cities and 7 in 7 rural districts. The rollout for the 29 motor cycles meant to expand the sputum transport system procured in APA3 was in progress. Mashonaland West completed the rollout in all the 3 districts. Matabeleland North, Matabeleland South, Midlands Province, Manicaland Province will complete the rollout process by end of February 2014 while Masvingo Province and Mashonaland East will complete the process by end of March 2014. Training of principal riders and their assistants was underway and this includes motor cycle training, route trainings and data recording and reporting training.</p> <p>In the three major cities (Harare, Bulawayo and Chitungwiza), the following are the specimen data from October to December 2013:</p> <ul style="list-style-type: none"> <li>• 28,167 laboratory specimens, all types, were transported.</li> <li>• 7,636 sputum samples were transported (both presumptive and follow-up samples).</li> <li>• 7,416 sputum laboratory results were transported by the system</li> <li>• The data for the number of TB cases diagnosed through the sputum transport system were not available at the time of reporting.</li> </ul> <p>The sputum transport system in the 7 districts (Zaka, Umzingwane, Makoni, Gokwe North, Umguza, Banket, Hurungwe and Sanyati) was operating during the period under review (with one motorcycle per district). Banket, Hurungwe and Sanyati districts started in December 2013. The data for the period October to December were as follows:</p> <ul style="list-style-type: none"> <li>- 2,600 laboratory specimens were</li> </ul>	Oct 13	Sep 14	Ongoing
-------	-----------	----------------------------------	--	--------	--------	---------

			<p>transported</p> <ul style="list-style-type: none"> <li>- 1,258 sputum samples were transported (both presumptive and follow-up samples)</li> <li>- 1,091 sputum laboratory results were transported by the system. <ul style="list-style-type: none"> <li>o <i>The courier in rural areas has a weekly schedule to the laboratory; in between some results are transported by whatever means of transport available. This accounts for the much smaller number of results compared to specimens.</i></li> </ul> </li> <li>- A total of 117 TB patients were diagnosed through the sputum transport system.</li> </ul> <p>The 6 smaller urban areas (Gwanda, Kwekwe, Masvingo, Mutare, Gweru and Victoria Falls) also received sputum transport system support during the period under review (with one motorcycle per urban area). The latest available complete quarterly data for the system was for the period July 2013 to September 2013 and was as follows:</p> <ul style="list-style-type: none"> <li>- 5,177 laboratory specimens were transported</li> <li>- 1,878 sputum samples were transported (both presumptive and follow-up samples)</li> <li>- 900 sputum laboratory results were transported by the system. <ul style="list-style-type: none"> <li>o <i>In between some results are transported by other means of transport. This accounts for the much smaller number of results compared to specimens.</i></li> </ul> </li> <li>- A total of 32 TB patients were diagnosed through the sputum transport system.</li> </ul>			
--	--	--	---	--	--	--

6.2.6	The Union	Strengthen NTP Management Capacity	These have been planned for second and third quarters of APA4. These are meant to equip the NTP staff with management competencies that are essential for the program to provide management capacity.	Mar 14	Mar 14	Pending
6.2.7	The Union	Update TB/HIV guidelines	Being developed by consultant	May 14	May 14	Ongoing
6.2.8	WHO	Development of Gap analysis document, review the gap analysis document and writing of Global Fund application	This was not done	Oct 13	Nov 13	Postponed
6.2.9	The Union	Facilitate access to information and communication services	The Union World Conference will be held in October, 2014.	Aug 14	Aug 14	Pending
6.2.10	The Union	Develop training materials for the integrated TB/HIV care	Consultant is working on the development of the materials	May 14	May 14	Ongoing
6.2.11	The Union	Conduct a stakeholders meeting to review the draft Strategic plan	<p>Stakeholders' meetings to finalize the NTP strategic Plan have not yet been conducted as planned. Below is the progress so far in the development of the NTP Strategic Plan</p> <ul style="list-style-type: none"> <li>– A situation analysis was conducted in preparation for the development of a strategic plan.</li> <li>– Two NTP officers were trained in Italy (facilitated through WHO) to give technical guidance during the process</li> <li>– A draft strategic plan has been developed with the participation of stakeholders.</li> </ul> <p>The strategic plan is expected to be a key resource document in the application process of the New Funding Mechanism of the Global Fund. The strategic plan is expected to be finalized by March 2014</p>	Oct 13	Oct 13	Ongoing

## 2.7 Monitoring & Evaluation (M&E), Operations Research (OR) and Surveillance

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels		Work in progress	Electronic system in place	No		
7.2.1	Data quality measured by NTP		Yes	Yes	Yes		
7.2.2	NTP provides regular feedback from central to intermediate level		Yes	Yes	Yes		
7.3.1	OR studies completed		4	5	0		
7.3.2	OR study results disseminated		4	5	0		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end		Planned Month		Status
					Start	End	
7.1.1	WHO	Customization of an electronic TB register	A situational analysis was conducted followed by the development of a costed operational plan for the Electronic TB register (ETR). A requirements document for the ETR was also developed. Processes were initiated for procuring IT and other materials for the ETR. The piloting in 14 districts and one city will be done in the next quarter of APA4.		Nov 13	Dec 13	Ongoing
7.1.2	WHO	Piloting the ETR	Pending		Feb 14	Jul 14	Pending
7.1.3	WHO	Rolling out ETR	Pending		Sep 14	Sep 14	Pending
7.2.1	The Union	Conduct TB and TB/HIV data analysis and feedback at national and provincial level	The 1 <sup>st</sup> data analysis meeting will be conducted during the first week of February 2014, to assess data for the 1 <sup>st</sup> quarter of year 4. Data analysis and feedback has been a useful exercise in that it shows progress of individual districts and provinces basing on key indicators in comparison with the set targets. It is also used to compare performance across provinces, districts and integrated TB, HIV care sites		Oct 13	Sep 14	Pending

<b>7.2.2</b>	The Union	Conduct 1 TB and TB/HIV performance review meeting per district for 37 districts	These meetings are expected to start during the second quarter of year 4. The districts needed to review performance after compiling data for the calendar year 2013.	Oct 13	Sep 14	Postponed
<b>7.2.3</b>	The Union	Conduct 2 TB and TB/HIV performance review meeting per province for 5 provinces	The meetings are expected to start during the second quarter of year 4.	Oct 13	Sep 14	Postponed
<b>7.2.4</b>	The Union	National TB and TB/HIV performance review meeting	The meeting is planned for the fourth quarter	Oct 13	Sep 14	Pending
<b>7.2.5</b>	The Union	Support data verification exercise	The data verification will be conducted during the month of February 2014	Oct 13	Sep 14	Pending
<b>7.2.6</b>	The Union	Develop and Pilot a national M&E training course based on the data collection, analysis and utilization guidelines developed during APA2 and APA3	This will be conducted during the third quarter following the completion of the data collection, analysis and utilization guidelines	Oct 13	Sep 14	Pending
<b>7.2.7</b>	WHO	Develop and print NTP/Partner Annual Implementation plan	A draft NTP partner implementation plan has been developed and is undergoing final review. The plan is expected to be printed by January 2014. The plan is an integration of various partners' activities funded through various sources. The integrated plan aims to facilitate smooth implementation of activities through elimination of duplication and competition.	Oct 13	Sep 14	Ongoing
<b>7.2.8</b>	The Union	CARRYOVER FROM APA3: Conduct TB CARE/PEPFAR implementation progress and performance review meetings	PEPFAR implementation progress and performance review meeting was done for 23 ITHC sites. Guidance was given on data analysis, recording and reporting. Performance of each site on TB/HIV services was analyzed. Sharing of experiences and presentations on progress by each facility enabled staff to learn from each other and improve programme performance. Some of the recommendations were as follows:  - Organize M & E trainings for urban	Oct 13	Oct 13	Ongoing

			<ul style="list-style-type: none"> <li>authorities/ case management training</li> <li>conduct support and supervision that is data driven</li> <li>Regular review of statistics</li> <li>Development of the IEC material to sensitize health workers/Training of health workers on Gene Xpert</li> <li>Other administrative and performance issues</li> </ul>			
<b>7.2.9</b>	KNCV	Technical Support for the DRS	<p>A mission was conducted in November 2013 to finalize a revised TB-DRS protocol which integrates Gene Xpert MTB/Rif testing. The proposal was nearly finalized (pending data for a new sampling frame from the NTLP) and the national TB-DRS working group reached consensus in favor of the revised approach recommended by KNCV and other technical partners including The Union and WHO.</p> <p>Data for re-sampling to include Gene Xpert have been sent to the consultant. The complete final draft protocol is expected by to be submitted to the local research council by end of January 2014.</p> <p>The DRS will then help in estimating the country Drug Resistant burden which then help in policy formulation and in turn forecasting and resource mobilization.</p>	Oct 13	Sep 14	Ongoing
<b>7.2.10</b>	KNCV	Technical Support for the DRS	Revision of SOPs and training materials was initiated, based on the revised approach. It is anticipated that re-training and piloting will be initiated in the 2 <sup>nd</sup> quarter and the survey will commence in the 3 <sup>rd</sup> quarter 2014.	Oct 13	Sep 14	Ongoing
<b>7.2.11</b>	WHO	local support for implementation of TB drug resistant survey	The revised DRS protocol is being finalized and will be resubmitted to the ethics council. The implementation phase of the DRS is scheduled to start by March 2014.	Oct 13	Sep 14	Postponed
<b>7.3.1</b>	The Union	Support implementation of operational research at provincial level	Provinces have yet to submit research protocols	Oct 13	Sep 14	Postponed



<b>7.3.2</b>	The Union	Support National TB Research day	This is planned for the 4 <sup>th</sup> quarter	Oct 13	Sep 14	Pending
--------------	-----------	----------------------------------	---	--------	--------	---------

### 3. TB CARE I's support to Global Fund implementation in Year 4

#### Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
ZIM-809-G12-T	A2	B1	\$7.1m	\$7.1m

\* Since January 2010

#### In-country Global Fund status - key updates, challenges and bottlenecks

Zimbabwe was identified as one of early applicants of the Global Fund New Funding Mechanism and the HIV grant application was successful owing to the key success factors such as strong Country Coordinating Mechanism, strong Principal Recipient, Government commitment, supportive partners as well as strong implementing partners. The Global Fund Board has resolved that ***countries with high co-infection rates of TB and HIV shall submit a single concept note that presents integrated and joint programming for the two diseases***. Zimbabwe being one such country with a high co infection rate is affected, but Zimbabwe has already been awarded an HIV grant as one of the early applicant countries, making the way forward unclear.

The National TB Control programme is also planning ahead for the TB grant. A situation analysis was conducted and the report for the situation analysis was used for the development of a Core Plan for updating the strategy. The Strategic Plan will be used for developing the TB Grant Concept Note in May 2014. The perceived challenge is that the country may be running behind time to meet all the requirements for the submission of the concept paper.

#### TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work plan

1. NTP has developed an integrated National Tuberculosis Plan which is constituted of Global Fund, TB CARE I-supported activities as well as other partners. Joint TB reviews are also conducted focusing on all activities supporting NTP.
2. Apart from the TA support provision provided in APA4, TB CARE I Zimbabwe continued to support the GF application by participating in in-country preparatory processes for the new funding mechanism
3. Zimbabwe will require support to develop the application incorporating the needs of the TB and HIV programmes in one concept. Given its experience in TB-HIV collaboration through IHC2, The Union will consider possible ways of supporting the country drafting the joint TB-HIV concept note.

#### 4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
<b>Total 2010</b>	40	28	Following decentralization of the PMDT program to provinces and districts, complete data for calendar year 2013 is not yet available
<b>Total 2011</b>	118	64	
<b>Total 2012</b>	149	105	
<b>Jan-Mar 2013</b>	73	55	
<b>Apr-Jun 2013</b>	111	89	
<b>Jul-Sep 2013</b>	Data not yet available	Data not yet available	
<b>Oct-Dec 2013</b>	Data not yet available	Data not yet available	
<b>Total 2013</b>	184	144	

## 5. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	KNCV	1.2.2	Netty Kamp	Development of community TB care training materials for HCW and CHW	October 2013	Completed	21 September to 3 October 2013	
2	KNCV	1.2.2	Netty Kamp	Development of community TB care training materials for HCW and CHW	February 2014	Pending		
3	KNCV	4.1.3	Jerod Scholten	Technical support for the DRS	November 2013	Completed	11 – 15 November, 2013	One visit was done in November 2013.
4	KNCV	4.1.3	Jerod Scholten	Technical support for the DRS	TBA 2014	Pending		
5	KNCV	4.1.3	Nico Kalisvaart	Technical support for the DRS	TBA	Pending		
6	KNCV	4.1.4	Rachel Ochoa	Technical support for the DRS	TBA	Pending		
7	The Union	6.2.3	TBA - 4 NTP Officers	20th Conference of The Union Africa Region	TBA	Cancelled		
8	The Union	Staffing and operations	Paula Fujiwara	Provide overall programme technical oversight	TBA	Pending		
9	The Union	6.2.8	Monicah Andefa	Financial monitoring	December 2013	Completed		One visit was done in December 2013
10	The Union	6.2.8	Monicah Andefa	Financial monitoring	May 2014	Pending		
11	The Union	6.2.6	TBA - 2 NTP Officers	International Management Development Programme (IMDP) courses	TBA	Pending		This will be conducted in quarter 2
12	The Union	6.2.9	TBA - 1 NTP Officer	Union Africa Conference on Lung Health	TBA	Cancelled		
13	The Union	6.2.9	The Union Director & 3 Officers	Union World Conference on Lung Health	TBA	Pending		
14	The Union	6.2.12	TBA - 2 NTP Officer	Union World Conference on Lung Health	TBA	Cancelled		October 2014

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
15	The Union	6.2.12	2 Union Director	Union World Conference on Lung Health	TBA	Pending		October 2014
16	The Union	7.2.7	Einar Heldal	Develop and Pilot a national M&E training course based on the data collection, analysis and utilization guidelines developed during APA2 and APA3	TBA	Pending		
17	The Union	7.2.7	Riitta Dlodlo	Develop and Pilot a national M&E training course based on the data collection, analysis and utilization guidelines developed during APA2 and APA3	TBA	Pending		June
18	The Union	7.2.7	Third consultant - TBA	Develop and Pilot a national M&E training course based on the data collection, analysis and utilization guidelines developed during APA2 and APA3	TBA	Pending		June
19	WHO	4.1.6	TBA	Update and print PMDT guidelines	TBA	Pending		
20	WHO	6.2.11	TBA	Development of Gap analysis document, review the gap analysis document and writing of Global Fund application	TBA	Pending		
21	WHO	6.2.12	TBA	Development of Gap analysis document, review the gap analysis document and writing of Global Fund application	TBA	Pending		
22	WHO	7.1.2	TBA	Customisation of an electronic TB register	TBA	Pending		
Total number of visits conducted (cumulative for fiscal year)						3		
Total number of visits planned in work plan						22		
Percent of planned international consultant visits conducted						14%		